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Pernet Family Health Service, Inc.: Organizational Restructuring & Change Management Best Practices

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Pernet Family Health Service, Inc.: Organizational Restructuring & Change Management

Best Practices

Carly Massino

Clark University

MPA 3999: Capstone Practicum

Mary Piecewicz

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Table of Contents

Abstract	4
Method	5
Literature Review.....	5
Pernet Family Health Service, Inc.	9
Background	9
Current Areas of Change.....	10
The Universal Newborn Home Visiting Program	11
The Departure of the Director of Operations.....	12
The Effects of the Coronavirus Pandemic	13
The Challenge	16
The Solution.....	17
Conclusion	25
References	28
Appendix A.....	33
Appendix B	34
Appendix C	35
Appendix D.....	37
Appendix E	39

Abstract

Research exhibits that between 70-75% of change initiatives fail and a major contributor to this trend is employee resistance. Although change can bring exciting growth and innovation, it can cause employees heightened stress and worsened physical and mental health outcomes. These effects are often amplified when organizations enact multiple change initiatives at once. These worsened outcomes are often a result of feelings of distress, anxiety, powerlessness, and apprehension and unknowns such as how one's position will be affected, how operations will change, or how one fits into the change. This topic is incredibly relevant for Pernet Family Health Service, Inc., an organization that provides health and social services to over 7,000 families throughout the 01610 zip code. This non-profit is presently experiencing three major changes: the creation of the Universal Newborn Home Visiting Program, the departure of the Director of Operations, and continued Coronavirus pandemic response. As Pernet deals with these changes, it is vital to consider its potential impacts on staff and potential employee resistance. This paper offers a list of best practices to guide Pernet during their present changes. The suggestions range from increasing employee engagement to making adaptability a part of Pernet's culture to aid Pernet with their present changes and prepare them for any transformations in the future.

Keywords: change management, organizational change, employee resistance

Method

I have been volunteering with Pernet Family Health Service, Inc. since the summer of 2020 and have continually tried to use my academic work to support the organization. The organization's commitment to empowering and aiding those within the Worcester community inspires me, and I wanted to complete research that would help the organization in doing this work. I spoke with the former Director of Operations, Emilie Smiley, to learn more about the current problems/changes facing the organization which included her impending departure, the addition of a new program, and the effects of the Coronavirus pandemic. This paper was originally going to provide recommendations regarding alterations to the organizational structure, but due to uncertainty surrounding the timing of hiring, Smiley and I determined that it would be more beneficial to discuss the effects of organizational change and dispense a list of best practices to aid with the present change management efforts and ease the effects of the transition on stakeholders, specifically staff.

This project synthesizes research on both the effects and successful management of organizational change to provide a comprehensive recommendation to Pernet on how to handle their own transition. In addition to my own research, Emilie Smiley, and the Executive Director, Sheilah Dooley, were both consulted to gain a deeper understanding of the adjustments occurring and to ensure that the project was heading in a direction that was helpful and beneficial for the organization.

Literature Review

Prior to delving into the theoretical background of organizational change and change management, it is vital to have a working understanding of these terms. Organizational change is defined as the "the movement of an organization from one state of affairs to another" (Lumen

Learning, n.d.). Organizational change is not a new concept and according to sources, “Organization change is as old as organizations themselves” (Burke, 2017). Burke (2017) explains that organizations embarking on any project or task are likely confronted with a need to alter their ways of operating hence the process’s extensive history. Organizational change often occurs in the face of both internal (i.e., cultural shifts, organizational structure shifts, creation of new programming/departments/positions) and external (i.e., technology, social trends, politics, economic conditions) factors (Hofstetter, 2020; Lumen Learning, n.d.). In addition to the difference in driving factors, organizations also experience either planned or reactionary change. In the case of Pernet, the creation of the Universal Newborn Home Visiting Program was a planned change while the COVID-19 pandemic and departure of the Director of Operations were reactionary changes.

Change management is denoted as “the methods and manners in which a company describes and implements change within both its internal and external processes” (ASQ, n.d.). The study of change management has newer origins than organizational change. The concept became prominent beginning in the 1900s (Prosci, n.d.). The first era of change management focused on understanding human beings and their interactions with other systems, each other, and change. These studies were primarily conducted by social scientists and focused on looking at change as transitions within one’s life (i.e., entering adulthood, marriage) (Prosci, n.d.). Richard Beckhard however was “a pioneer in organization development” and looked at organizational change in a business context (Prosci, n.d.). Beckhard defined organizational development “as an effort (1) *planned*, (2) *organization-wide*, and (3) *managed from the top*, to (4) *increase organization effectiveness and health* through (5) *planned interventions* in the organization’s ‘processes,’ using *behavioral-science* knowledge” (Beckhard, 2006).

Following Beckhard's lead, change management entered the corporate vernacular in the 1990s (Prosci, n.d.). During this period, "language began to form around the discipline of change management, and many of the guiding principles that still guide the discipline were articulated during this time" (Prosci, n.d.). Research in the 1990s developed models to assess performance (i.e., Burke & Litwin's content model of organizational performance and change) and successfully implement change. Kotter's (1995) eight-step model, for example, is a seminal change management model and will be referred to when considering best practices for Pernet. His model establishes steps that organizations should take to increase responsiveness and buy-in during change initiatives. These include "(1) establishing a sense of urgency, (2) forming a powerful guiding coalition, (3) creating a vision, (4) communicating the vision, (5) empowering others to act on the vision, (6) planning for and creating short-term wins, (7) consolidating improvement and producing still more change, (8) institutionalizing new approaches" (Kotter, 1995).

In addition to these foundational models, research began to investigate the effects of organizational change on staff and how individuals react to and interact with change. Studies exhibited that people may resist change if they risk losing something (i.e., placing personal interests above organizational interests) and that change may lead people to experience reduced trust in their organization (Clarke et al., 1996, Kanter, 1991, as cited in Armenakis & Bedeian, 1999, p. 304-306). Dean et al. (1998, as cited in Armenakis & Bedeian, 1999, p. 306) found that levels of cynicism can result from a history of failed change initiatives and lack of communication about these efforts which can subsequently lead to lessened motivation, satisfaction, and commitment.

Research conducted since the nineties into the present has reaffirmed and expanded on these findings. The Work and Well-Being Survey (2017) conducted by the American Psychological Association found similar results in regard to lower levels of job satisfaction, reduced trust in one's employer, and increased cynicism for those recently or actively experiencing change compared to their unchanged counterparts. This survey also illuminates the potentially detrimental impacts of change. Those "experiencing recent or current change were more than twice as likely to report chronic work stress ... and more than four times as likely to report experiencing physical health symptoms at work" compared to those not encountering change (CBIA, 2017). This has been confirmed by other studies. For example, Dahl (2011) found that those experiencing organizational change are more likely to be prescribed stress-related medications. Additionally, those who experienced organizational change also reported more work-life conflict and greater feelings of negativity toward the workday (CBIA, 2017).

These detrimental impacts are vital to consider because not only are staff being negatively impacted by change, but they also play a major role in why many change initiatives fail. Research reveals that individuals resisting change is one of the main reasons that change initiatives fail (Kotter, 1995). This can be attributed to a variety of factors such as disrupted habits, uncertainty, fear, powerlessness, frequency of change, and individual impacts of change (i.e., how one fits into the organization), negative past experiences with change (Clarke, 2010; Armenakis & Bedeian, 1999; Carter et al., 2013; Bankar & Gankar, 2013).

Organizational change greatly alters the day-to-day functioning of a company and how individuals interact with their job; therefore, it is unsurprising that there can be negative mental and physical health outcomes and potential resistance when change impacts one's work environment. The aim of this paper is to provide a list of best practices to mitigate these effects

and ensure that staff buy in and are on board with the various changes occurring within Pernet. These changes will be discussed below.

Pernet Family Health Service, Inc.

Background

Pernet Family Health Service, Inc. was founded in 1955 by the Little Sisters of Assumption whose goal was “to improve the lives of the poor and hurt with their social and spiritual services” (Little Sisters of Assumption, n.d.b). Named after one of the Little Sisters of Assumption’s founders, Father Stephen Pernet, Pernet has followed in their tradition with a mission of, “support[ing] the physical, social, psychological and spiritual development of individuals and families by providing home-based health and social services that lead to long-term strengthening and enhancement of family and community life” (Pernet Family Health Service, n.d.a). The organization currently serves over 7,000 low-income, at-risk clients throughout the 01610 zip code with a variety of programs that fulfill its mission.

Pernet specializes in medical services, family support services, and family and community development programs. As a Department of Public Health certified home health agency, Pernet offers the Maternal-Child Home Visiting Nurse Program and Early Intervention Program for children with, or at risk for, developmental delays. Recently, the organization introduced the Universal Newborn Home Visiting Program which will be discussed further below. The family support services include the Fathers and Family Program, the Homemakers Program, the Parent Aide Program, Parenting Classes, and the Young Parent Support Program. These programs strive to strengthen and support the family unit. The Community Development programs consist of the Youth Program, the Emergency Assistance Program/ Food & Infant Supply Pantry, Nutrition Classes, Summer Book Club, Green Island Gardens/Summer Youth

Jobs, and Neighborhood Advocacy & Capacity Building. In addition to the Universal Newborn Home Visiting Program, Pernet has also introduced a new SNAP Outreach program. The SNAP Outreach Program allows families to apply and be recertified for SNAP benefits and also offers case management. These programs aid with food insecurity and empower youth within the community through after-school and job support.

Pernet currently employs 27 individuals with five working in administration; 10 working in early intervention; four working in the family & community development; five working in family support services; and three individuals working in nursing (Pernet Family Health Service, n.d.). Pernet's Board of Directors consists of 16 individuals and connects the organization to other entities committed to the same family strengthening goals (Pernet Family Health Service, n.d.). Pernet also has a large volunteer base. In the 2020 fiscal year, 75 individuals volunteered and provided 3,207 hours to Pernet (E. Smiley, personal communication, April 19, 2021). The previous and current organizational structures of Pernet can be viewed in Appendix A and B.

This paper strives to examine the effects that organizational changes may have on the employees and how to best alleviate the stress that may accompany these alterations. The three main challenges occurring will be examined below.

Current Areas of Change

When speaking to Emilie Smiley, the director of Operations at Pernet, the biggest problem facing Pernet right now was described as looking at an internal reorganization during a time of transition (E. Smiley, personal communication, March 12, 2021). Pernet is presently experiencing two major organizational changes: the creation of the Universal Newborn Home Visiting Program and the departure of the Director of Operations. These huge organizational

changes are accompanied by the current context of the Coronavirus pandemic and its ongoing impacts.

The Universal Newborn Home Visiting Program

The Universal Newborn Home Visiting Program uses home visiting practices to check the health of newborn babies and new mothers throughout Worcester. Within the first two weeks of the birth of any child of a Worcester resident in a Worcester hospital, a nurse or Early Intervention specialist will be dispatched to visit the new mother and newborn child. These visits serve to ensure “the prevention of abuse, neglect and developmental delays in a newborn” while also seeking to “improve maternal health by reducing postpartum depression, connecting at-risk or struggling mothers with supportive resources, and reinforcing the importance of postpartum visits” (S. Dooley, personal communication, March 19, 2021). The program is the first of its kind in Worcester and is being run in collaboration with the Family Health Center of Worcester, Edward M. Kennedy Community Health Center, and the Worcester Health Baby Collaborative. Although the program will be housed in Pernet, an Advisory Council was created with a representative from each organization. This board will monitor the execution of the program, track its progress, and craft future short-term and long-term goals.

Pernet intends to start the program on July 1st, but there is still uncertainty surrounding its organizational structure and staff. The structure will likely mimic the Maternal Child Health Program, using the same home visiting structure and paperwork, but on a much larger scale. However, this could be subject to change. Additionally, the large scale of the program is an area of concern. Pernet worries about a shortage of staff to accommodate the high demand of visits. This has yet to be seen, but although the organization is still working within the same 01610 range, it is now dealing with a much larger population of every newborn in a Worcester hospital.

Pernet also still has to hire nurses to staff the program. The questions to be considered in regard to this change are:

- What will the structure of the Universal Newborn Home Visiting Program be?
- How will resources be allocated to accommodate the high demand for this program?
- How will the staff respond to the multiple new hires needed to run this program?

This hiring will be occurring in tandem with the filling of another position in Pernet which is the second organizational change.

The Departure of the Director of Operations

Emilie Smiley departed her role as the Director of Operations within Pernet on the 23rd of April. Smiley had been a part of Pernet for six years and in the position of Director of Operations for three years. In her position, Smiley worked as part of the leadership team and helps the executive director with planning, programming, and staffing issues, aided with quality improvement of programs, and supported the directors of various programs. To see a comprehensive list of the Director of Operations' tasks see Appendix C.

Prior to her departure, a job listing was posted, and Dooley recently filled the position. The new director will be starting on June 1st and will meet both the leadership team and staff in the coming weeks. The filling of this position however is accompanied by changes to aspects of the job to better fit the needs of the organization. The name of the position, for example, was changed to Associate Executive Director, and the responsibilities of the role have expanded. The Associate Executive Director will still work to create optimal client services and link all of the programs to the Family and Community Development Program. However, the director will be overseeing the directors of Family Support Services, Early Intervention, Nursing, and Family

and Community Development rather than supporting and working alongside these directors.

Another change is that the Associate Executive Director will advise and work with the Executive Director on developing internal procedures and policies regarding program and organizational administration. The expectations of this new position are expanded and place the position in a more supervisory than supportive role compared to the position Smiley previously occupied. This is exhibited in the job description in Appendix D and the updated organizational structure that can be seen in Appendix B. Instead of simply overseeing various operations' tasks, the Associate Executive Director is situated below the executive director and above the other departments which indicates a supervisory role.

The important points to consider about this transition are:

- How will the departure of Smiley affect the employees? How will the staff respond and interact with the new hire?
- What will training procedures look like for the new Associate Executive Director? How do these procedures relate to the training of the staff of the Universal Newborn Home Visiting Program?

An additional variable that must be considered in relation to the two aforementioned transitions is the context of the Coronavirus pandemic.

The Effects of the Coronavirus Pandemic

The Coronavirus pandemic has endured globally since December 2019 and has greatly altered the day-to-day functioning of individuals and businesses (Taylor, 2021). Pernet was not immune to these changes and adjusted operations and experienced fiscal restraints as a result. Rather than being in the office, a majority of Pernet's staff has been working remotely. This shift

has led to the digitization of most forms and process documents and altered the structure of many of the programs.

Pernet offers programs, like Maternal-Child Home Visiting Program, youth groups, infant toddler groups, and homework club that involve visits to people's residence or occur in-person. Any program that warrants a home visit has been mostly moved to a virtual medium. As a result, client engagement has significantly decreased because many prefer the in-person visits. Youth programs have also been moved to an online medium since last spring which has unfortunately led to a dip in attendance by about 75% (E. Smiley, personal communication, April 6, 2021). Youth attendance peaked at between 15-18 youth per session prior to the pandemic and dropped to around five youth per session since the start of the pandemic. Programs requiring referrals like the Maternal-Child Home Visiting Program, Parent Aide Program, and Early Intervention program have also been affected. Since children were not attending school and people are not going to doctors' appointments, issues are unable to be spotted and referrals cannot be made for these programs. A national survey reported that, "Almost 70% of physicians, despite telehealth increases, were still providing fewer total visits (in-person + telehealth) at the time of the survey than pre-pandemic" (AMA, 2020). On average, visits dropped from 101 per week to 72 per week (AMA, 2020). Many people are still fearful about going to a doctor's office and being exposed to COVID-19, and therefore, are delaying appointments (Lazar, 2020). For schools, in-person learning was suspended on March 16, 2020, and recently reopened this spring. Public elementary schools opened at the beginning of April; middle schools opened on April 28th, and high schools will likely reopen on May 17th (Klein & Rosenberg, 2021; DeCosta-Klipa, 2020; COVID-19 Order, 2020). The reduction in doctors' office visits and suspension of in-

person learning greatly impacted the number of clients in Pernet's programs along with how these programs were run.

In addition to the direct effects on programs, Pernet experienced fiscal restraints due to the pandemic. Smiley stated, "Yes, we were negatively affected in our billing because of Covid" (E. Smiley, personal communication, April 15, 2021). An article published in September 2020 highlights that, "The estimate of losses for all non-profits in Massachusetts were as high as \$8.6 billion since the beginning of the pandemic" (Down to Earth, 2020). Pernet alone experienced a decrease of 25% from billable programs between FY2020 and FY2021. The organization stayed afloat due to various loans and grants. For example, Pernet received a Paycheck Protection Program (PPP) Loan which aided with payroll and allowed everyone to go back full-time after being laid off half-time for four weeks. Relief grants and aid were also provided by the Worcester Together Fund, Department of Public Health, DCU for Kids, governor's protection relief, and Medicare Relief, the Fred Harris Daniels Foundation, and the Economic Injury Loan (E. Smiley, personal communication, April 20, 2021). These loans and grants totaled over \$324,000.

Even when operations return to normalcy after the pandemic, its influence will remain. Smiley anticipates that there will be a huge influx in referrals once in-person operations commence (E. Smiley, personal communication, April 6, 2021). The Early Intervention program will likely harbor most of these new referrals especially since the Universal Newborn Home Visiting Program may refer children to this program. All programs however will need to be prepared for the increased capacity. The organization also expects that emergency programs will be at a lower capacity as a result of people gaining employment following the pandemic.

Although predictions have been made, there are multiple unanswered questions about what day-to-day functioning will look like post-pandemic. For example, will staff continue to work remotely? Will they return to full-time in-person employment?

Staff that provide home visits will be able to do so once they are fully vaccinated. Although they can enter the home, they are still expected to remain masked, maintain six feet of distance, and engage in hand hygiene. Those who are not vaccinated can do visits outside or virtually but may not enter homes. As of now, office hours will remain staggered, and a majority of staff will remain remote but whether this will be sustained in the long-term has yet to be decided.

As illustrated above, Pernet is presently faced with great uncertainty and change. Dealing with one change initiative is difficult, but Pernet is coping with two in the middle of a global pandemic. Change management initiatives can lead to decreased employee engagement, trust, and increased stress. The remainder of this paper will explore the major effects of change management and provide a list of recommendations to mitigate negative outcomes and prepare staff for the upcoming change.

The Challenge

Research suggests that between 70-75% of change initiatives fail and a major contributor to these percentages is employee resistance (Kotter, 1995; Zhexembayeva, 2020b). As previously stated, this can be due to a variety of feelings such as fear, powerlessness, uncertainty, and potential outcomes (i.e., change initiative failing) and concerns regarding the stability of one's own job (Clarke, 2010; Bankar & Gankar, 2013). For example, a survey including more than 500,000 Americans found that about 1/3 did not understand why changes in their organizations were happening (Galbraith, 2018). This is of great concern because "When employees don't

understand why changes are happening, it can be a barrier to driving ownership and commitment, and even result in resistance or push back” (Galbraith, 2018).

Pernet is not only going through one change, but three separate changes that involve different departments within the agency, both external and internal forces, and changes in leadership, structure, and functioning. Literature exhibits that repeated change often contributes to stronger physical and mental health effects (Fløvik et al., 2019). Fløvik et al. (2019) posit that “repeated exposure to a stressor may wear out an individual’s coping resources, which over time may lead to fatigue and weaken the ability to cope when re-exposed to the stressor” (p.13-14). Therefore, the question becomes: How can staff at Pernet be strengthened and empowered throughout the change process to ensure its success and their continued work satisfaction and engagement?

The Solution

To craft an effective solution to maintaining staff engagement and satisfaction, I met with Emilie Smiley and Sheilah Dooley to gain a deeper understanding of the problems faced by Pernet. These conversations also provided me with knowledge on how the staff was feeling about the changes facing the organization and how this change has been communicated to them. Sheilah expressed that certain staff members seemed enthusiastic for certain changes. She explained the Early Intervention and nursing staff are excited for the introduction of the Universal Newborn Home Visiting Program because it will bring more referrals to their respective programs. In regard to the Associate Executive Director position, staff were interested for their friends and family, but none of these connections ended up applying for the job. One staff member did attend the second interview for the incoming director while a board member sat in on the third interview; however, Dooley emphasized to me that she had the final say in this decision because she would be working with this individual directly. Staff have been notified of

changes, but the most engagement with them has occurred in the realm of Coronavirus. At the beginning of the pandemic, Dooley called all staff members weekly to check in on their well-being. Board members were also contacted about impending grants and loans and alterations to operations.

Keeping prior communication of change in mind, the best practices focus on ways to ensure that *all* staff are on board and feel empowered during the change process. The points listed below are strategies synthesized from both seminal works (i.e., Kotter's eight step approach to change) and articles from professionals experienced with organizational change. The list also involves suggestions that will require different lengths of time to implement and to occur at different times throughout the change process. My recommendation is as follows.

1. Articulate a clear, exciting vision. (Kotter, 1995; Galbraith, 2018)

Conveying an exciting and engaging vision is the third step in Kotter's eight step model. Kotter explains, "Without a sensible vision, a transformation effort can easily dissolve into a list of confusing and incompatible projects that can take the organization in the wrong direction or nowhere at all" (Kotter, 1995, p. 99). Creating a vision for some initiatives, like the Universal Newborn Home Visiting Program, is simpler because it was a planned and anticipated change. However, it becomes more difficult when dealing with unanticipated changes that produce hardship, like the Coronavirus pandemic, or juggling multiple change initiatives at once.

My recommendation for creating a vision for all three change initiatives would be to focus on answering the question: "How are the changes you make today helping you achieve your vision for tomorrow?" (Galbraith, 2018). This not only promotes the positive changes like the creation of

a new program, but also can add a positive spin for more difficult transitions like the loss of the Director of Operations.

A central theme of the vision should be a strong connection to Pernet's mission. The benefits of this approach are that people are grounded by the mission that made them want to work for Pernet in the first place. Missions are incredibly helpful in imbuing comfort and familiarity during uncertain times. Grady (2021) found that "connection to mission or purpose is a key supporting object during times of transition." Additionally, a connection to something shared "can allow people to focus on something bigger than the momentary pain of transition and uncertainty" (Grady, 2021).

When creating a vision, some other helpful tips include timing, framing, and language. When considering the length of one's vision, Kotter (1995) stresses being able to communicate this information in less than five minutes. He expresses that, "If you can't communicate the vision to someone in five minutes or less and get a reaction that signifies both understanding and interest, you are not yet done with this phase of the transformation process" (Kotter, 1995, p. 99-100).

Considering content and language is also of vital importance when explaining the organizational vision. When creating a vision, it will likely address what is changing, how it is changing, and when this will be occurring. In addition to these key points, it is essential to explain how staff will benefit from the change. As previously stated, people often resist change if they are unsure of how they fit into it or how it benefits them. If your vision answers the question, "What's in it for me?", staff will be more likely to commit to the change at hand (Galbraith, 2018). Lastly, language needs to be considered when discussing change. Zhexembayeva (2020b) conducted a survey of 1,000 knowledge workers in Canada and the United States and found that, "the drive for innovations among participants varied from 14% to 28% ... Willingness to take risk was even

more telling: at best, 19% of your company is willing, with some age groups dipping as low as 11%.” Consider your audience and the weight that your words may carry. Zhexembayeva (2020b) found that innovation created a lot of fear so altering the language to mitigate these fears and hesitations is essential.

2. Include employees in the decision-making process.

Change may be resisted because people are unsure of how they fit into it and feel powerless about what is occurring. Including employees in the process and giving them *authorship* can counter this feeling while increasing their engagement and likelihood of supporting a change (Galbraith, 2018). Clarke (2010) distinguishes *ownership* from *authorship* in his TED Talk. He describes ownership as being a process in which an organizational change happens, staff do not have a say, and then are expected to own it (Clarke, 2010). Authorship, on the other hand, provides information on what is changing and why but allows employees to design the change. For example, Clarke gives organizations a task which he refers to as Renovator’s Delight in which management asks employees, “If we changed our organization: What would you keep? What would you chuck? What would you change? What would you add?”. It is incredibly likely staff will provide answers that replicate the change you are trying to make, but in this process, you have given them more control over the change being implemented.

In Pernet’s situation, there are some elements of the change process that employees cannot have control over. However, providing them latitude in their day-to-day tasks could be incredibly beneficial in giving them some control during a tumultuous time (Grady, 2021). Additionally, daily tasks often relax people because they are known and comfortable. If individuals have some say in how they conduct these tasks in relation to the change occurring, they will have authorship and likely buy into the change (Grady, 2021). An example of this could be whether people continue

working remotely or come back to the office. Some tasks have to be completed in-person, but for those with more freedom in this regard, allowing them to choose where they will work most productively could be a great chance to create buy in to change (Grady, 2021). Research exhibits that, “participation leads to commitment, not merely compliance,” so involving employees is a great way to successfully change and ensure organizational commitment (Kotter & Schlesinger, 2008).

3. Maintain regular communication with employees,

Communication is a vital part of the change process. It ensures that your employees are aware of the changes and allows you to keep a pulse on how they are feeling and responding to change (Jensen Clayton, 2021). If people are feeling unsure or uncertain, you have an opportunity to ease fears. Galbraith (2018) expresses that, “Studies have found that continual communication is a leading factor in a transformation’s success” (Galbraith, 2018). When communicating, it is vital to be clear and concise and to tie all communications back to the desired vision. It is also important to be honest about what you know and what you don’t know (Galbraith, 2018). Research exhibits that people prefer honest answers and if you lose employee trust, it is difficult to regain (Abrams, 2020). Therefore, be honest about uncertainties but ensure employees that you will let them know when you find out more concrete information.

In addition to how one approaches conversations with employees, it is also vital to consider how this information is transmitted. Kotter (1995) states, “In more successful transformation efforts, executives use all existing communication channels to broadcast the vision” (p. 100). Use email, social media, and meetings to excite people about the change that is occurring. Take advantage of all of the communication channels in place and also consider the importance of “walk[ing] the talk” (Kotter, 1995, p. 100). Those on the leadership team or who are already

invested in the change (i.e., those in nursing for the Home Visiting Program) should embody the change and “become a living symbol of the new corporate culture” (Kotter, 1995, p. 100). When leaders embody the change, transformation success increases fivefold (Kotter, 1995).

The research also revealed strategies to ease, inspire, and encourage employees to innovate. Zhexembayeva (2020a) suggests running an embarrassment warm-up when trying to aid in adaptation to change. In this exercise, people tell an embarrassing story which exhibits vulnerability causing people to connect more (Zhexembayeva, 2020a). This exercise can lead to innovative ideas or help people become comfortable with sharing their true thoughts about change. A strategy to encourage individuals to focus on the positive is the orange frogs exercise (Grady, 2021). Based on a parable where an orange frog “embraces its positivity amid a sea of negative frogs,” this strategy helps employees identify a bright spot or hopeful event to push through a particularly difficult day (Grady, 2021). One last strategy is promoting communication between individuals throughout Pernet. Jensen Clayton (2021) suggests, “Enable direct interactions, both planned and random, between individuals within the organization. Encourage people to exchange ideas and experiences. Dynamic networking is a great basis for decision-making and achieving a common purpose.” This strategy can add cohesiveness to Pernet’s staff while also creating unique ideas throughout the organization.

4. Have someone within the organization closely manage and monitor funding opportunities.

The pandemic has led to financial struggles for Pernet which has been rectified through gaining various loans and grants for the work being done to support the community during the pandemic. Following the pandemic, an individual within the organization should be tasked with closely monitoring and managing potential funding opportunities. If the pandemic has reaffirmed anything, it is the notion that non-profit funding is uncertain. A survey consisting of large and

medium-sized nonprofits revealed that “83% had lost revenue” (Johnson, Rauhaus, Webb-Farley, 2020, p. 35). Therefore, Pernet should look for ways to diversify its revenue streams. Having someone who prioritizes this task will greatly benefit Pernet.

5. Capitalize on an intervening board.

Different times require different boards. Pernet presently has a passive board which is characterized as having minimal participation, approving management’s decisions, and having their efforts be at the executive director’s discretion (Nadler, 2004). Although this model may work during normal circumstances, the present health crisis and internal changes require a more involved board. I would recommend considering an engaged or intervening board. An engaged board would act as the partner of the executive director. This board models “provides insight, advice, and support on key decisions ... The board conducts substantive discussions of key issues and actively defines its role and boundaries” (Nadler, 2004). An intervening board is most typically implemented during times of crisis and is “deeply involved in making key decisions about the company and holds frequent, intense meetings” (Nadler, 2004).

Through speaking with Dooley, it appears that there has been confusion regarding the financial situation of the Universal Newborn Home Visiting Program. Having an engaged or intervening board model would ensure greater communication and reduce the reoccurrence of communication issues. I also believe that utilizing the various skillsets of those on the board and working at Pernet could lead to innovative ideas about how to handle change management within the agency.

Once the situation at Pernet stabilizes, I would also recommend that board members and the executive director engage in an activity to determine ownership of various tasks and their

importance (an example of this can be seen in Nadler, 2004). The form used in this exercise rates activities on a sliding scale of one to five. If the activity “falls exclusively within the purview of the board,” it receives a five (Nadler, 2004). If it is a task completed by the executive director, it receives a 1. This activity will create a shared understanding of ownership of tasks and obligations of the board and executive director. Additionally, it provides a starting point to resolve potential conflicts and create a more efficient organization.

6. Create a post-crisis plan and review learning.

Getting through a crisis can lead to a sense of relief and excitement about the future of an organization. However, it is vital to acknowledge crisis events, organizational strengths and weaknesses, and improvements for the future. This will ensure that future changes can occur more smoothly, and previous mistakes can be avoided. Abrams (2020) mentions an after-action review which was created by the United States Army, and “involves analyzing an incident, the response and lessons learned.” Abrams (2020) states, “a crisis can leave leaders and their communities shaken, but it can also present an opportunity for growth.” An after-action review provides the perfect way to collect information, document best practices, and identify mistakes for future reference. Change is often inevitable so being prepared is essential.

7. Make adaptability part of the company DNA (Esser, 2021).

Esser (2021) recommends a less is more approach in which “management should stick to defining *what* they want to achieve and let the organization focus on *how* to achieve it.” This method of management is based on the idea of “emergence” within complexity theory which is “The idea that complexity arises from simplicity and that small things form big things with properties different than the sum of their parts when interacting with the great whole” (Esser,

2021). Esser posits that simple methods and consistent efforts can make organizations more prepared and adaptable to change. He suggests four design principles: “address purpose, nominate owners, test ..., and spark collisions” (Esser, 2021). First, organizations are expected to define their goals and break them down by topic. This stage serves to see what aspects of the organization need to change. Second, “topic teams” are created with pilots and co-pilots assigned and are tasked to find the best solution to this challenge (Esser, 2021). Third, topic teams test different solutions and engage in experimentation. Lastly, spaces are created both physically (i.e., a room with whiteboards) and in meetings to facilitate the informal exchange of ideas. This stage encourages participation from all those within the organization and acknowledges that staff often are a source of great innovation.

This process incorporates a number of points made throughout this best practice list. First, staff are given *authorship* over the solution to organizational problems which will reduce potential resistance. Second, communication is encouraged to both upper management and other staff about the progress of various solutions which is vital for staff involvement. Third, it encourages preparedness for change. Individuals are engaging in processes about known change which will ultimately be beneficial for reactive change management.

Most of these solutions focus on creating ways to better connect with staff to reduce resistance but also refer to crisis preparedness, board organization and engagement, and diversifying funding. These best practices serve as a starting point for making Pernet a more resilient and adaptive organization and prepared for future change.

Conclusion

As our society continues to evolve and modernize, organizations have to be prepared to face change management head on. Between 70-75% of change initiatives fail often as a result of

employee resistance (Kotter, 1995; Zhexembayeva, 2020b). This protest often results from intense feelings of fear, powerlessness, and uncertainty and lack of understanding or knowledge on how one's job will be impacted or how one fits into the change (Clarke, 2010; Bankar & Gankar, 2013). Employees also often have worsened mental and physical health outcomes and heightened chronic stress (CBIA, 2017; Dahl, 2011). Research exhibits that these outcomes are often amplified when one is experiencing multiple changes at once (Fløvik et al., 2019). Pernet is presently experiencing three major changes: the creation of the Universal Newborn Home Visiting Program, the departure of the Director of Operations, and the Coronavirus pandemic. Therefore, it is vital to create strategies to involve employees to reduce both stress and resistance and prevent burnout. The list created above includes broad strategies that are applicable to most change initiatives. These tactics encourage staff involvement, collaboration, and innovation while offering ideas on how to gauge the engagement of the board and activities on which they should be working. Additionally, these strategies offer ideas on how to make Pernet more resilient, adaptive, and prepared for future change.

The primary limitations of this paper are the inability to capture the potential effects of other impending changes and the evolving nature of change. For example, Polar Park was opened on May 11, 2021, which is greatly impacting the surrounding Green Island community (McDonald, 2021). Dooley explains that buildings are being bought out, rent is dramatically increasing, and gentrification is a major concern (S. Dooley, personal communication, May 13, 2021). Presently, little is known about how this stadium will affect Pernet as an organization. Due to the lack of information, only three change initiatives were mentioned in this paper although the opening of the stadium is going to likely have large impacts on Pernet and the community it serves. An additional limitation was the evolving nature of the changes. During the

writing process, changes were progressing throughout the organization. For example, the Director of Operations position has been vacated, updated and posted, and filled by a new employee during the creation of this capstone. Therefore, I wanted the list of best practices to be broad and applicable both now and for potential upcoming change efforts.

Change is inevitable but being well-prepared can make or break an organization, and through their own knowledge and this list of best practices, Pernet is more than ready to handle change initiatives in the present and future.

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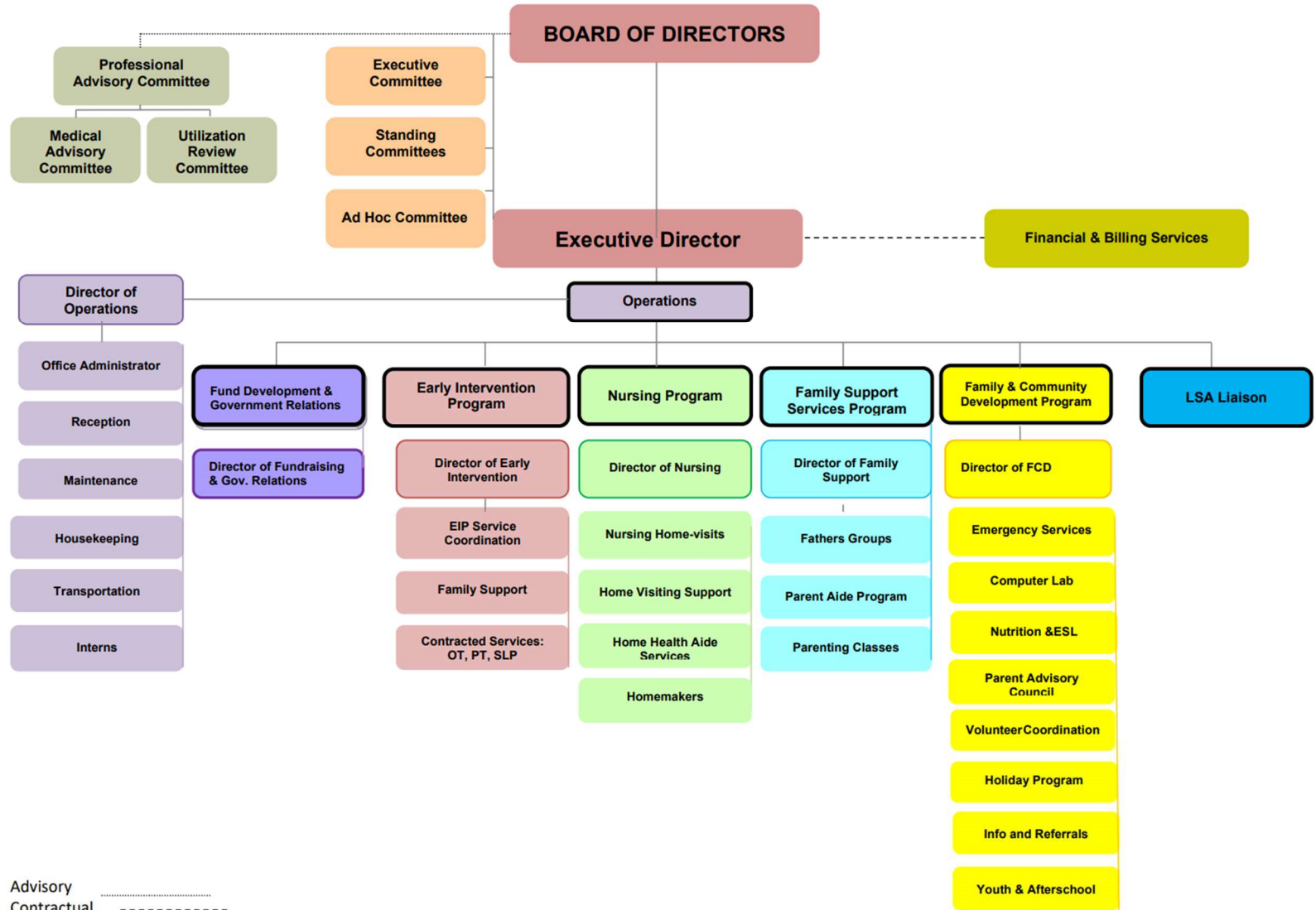
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Appendix A

Pernet Family Health Service

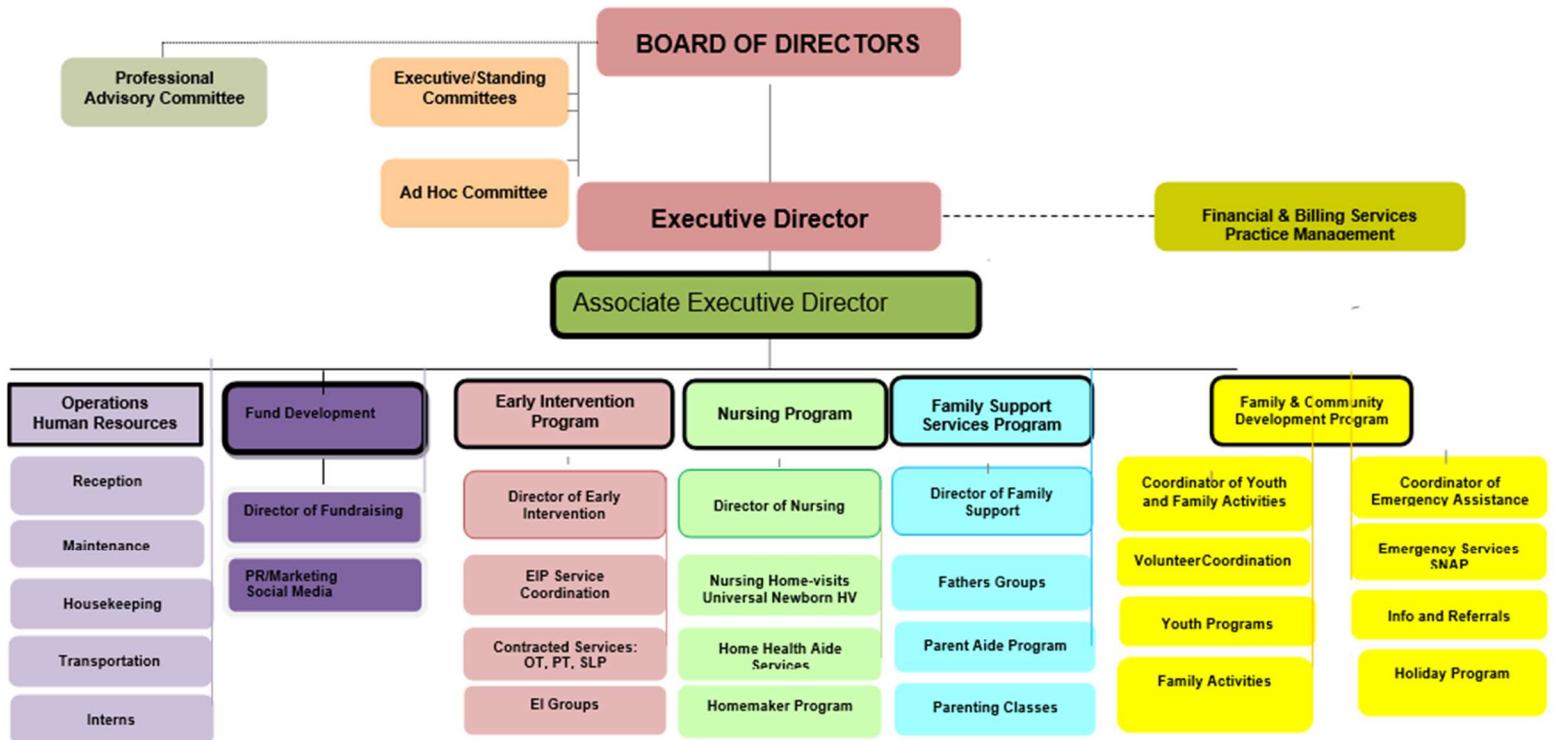
2019 Organization Chart



Appendix B

Pernet Family Health Service, Inc.

2021 Organization Chart



Advisory _____
Contractual - - - - -

Appendix C

Title: Director of Operations

Reports To: Executive Director

General Description:

Functions as a member of the Leadership Team and is responsible for the day-to-day operations of the agency.

Responsibilities:

Planning and implementing the systems to help create optimal client services. The Director of Operations will work as a member of the Leadership Team and work closely with the Executive Director on planning, programming, and staffing issues in the Agency, participating in policy development, system planning and strategic planning.

Plans for and maintains the physical space in the agency, including allocation and use of office space;

Supervises the resolution of all facility issues;

Supports and analyzes the work of the Directors of Family Support Services, Early Intervention, Nursing, and Family and Community Development, and the human resource issues of the agency;

Assists with quality improvement in all programs;

Assists the directors with staffing issues, problem resolution, and management of responsibilities;

Provides general direction to the agency directors with personnel issues;

Links all of the programs in the agency to the Family and Community Development Program;

Publicizes the Agency in the larger community and organizes procedures documentation.

Qualifications:

This position requires a mature person with the ability to work well with groups and with the team, an understanding of family and community development, and the ability to communicate respect for an individual's self worth. Individual must demonstrate an ability to provide an environment of acceptance and empower people to give and share their abilities.

A BA/BS or equivalent experience. Masters preferred.

Three years experience working in non-profit management.

Effective communication skills, both oral and written, with families, visitors, coworkers, health care professionals, funders and others;

Supervisory or administrative experience

A demonstrated ability to be well organized;

Knowledge and acceptance of the Mission of the Little Sisters of the Assumption;

Availability to work some evenings and weekends;

Valid driver's license and car.

Appendix D



Pernet Family Health Service, Inc.
 237 Millbury Street, Worcester, MA 01610
 Tel: (508) 755-1228 - Fax: (508) 797-3477
www.pernetfamilyhealth.org

Position: Associate Executive Director
Reports to: Executive Director
Shift: Daytime; occasional nights and weekends
Hours: 37.5 hours

Job Summary

- An experienced professional with a clinical background responsible for the overall implementation of Agency administrative policies and procedures including supervising program directors and staff to develop and implement administrative procedures necessary for the smooth operations, improved outcomes and high quality of care and services of Agency programs and services; oversees the office administrator in developing and implementing internal procedures related to the preparation, tracking and collection of billing, preparing and coding of payable invoices for processing; advising the Executive Director regarding administrative structure and procedures; and functioning as a member of the Leadership Team.; represents the Executive Director as needed.

Essential Job Functions

- Supervises the Directors of Family Support Services, Early Intervention, Nursing, and Family and Community Development for accountability and quality improvement; Develops reporting, tracking and monitoring of administrative functions of their programs including staff productivity, and monthly service delivery reports for state contracts.
- Planning and implementing the systems to help create optimal client services. The Associate Executive Director will work closely with the Executive Director on planning, programming, and staffing issues in the Agency, participating in policy development and system planning.
- In collaboration with the Leadership Team, represents the Agency to community and statewide groups; publicizes the Agency in the larger community and promotes agency awareness. Participates as a member of the Leadership Team.
- Advises and assists the Executive Director with in the development of internal procedures and policies related to program/agency administration, for example: personnel policies, productivity standards or uncompensated care policies.

- Oversees the implementation of the Agency's information technology including the statistical client and billing data base (Salesforce), the donor data base (Humanitru).
- Links all of the programs in the agency to the Family and Community Development Program;

Minimum Requirements

- This position requires a mature person with the ability to work well with groups and with the team, an understanding of family and community development, and the ability to communicate respect for an individual's self worth. Individual must demonstrate an ability to provide an environment of acceptance and empower people to give and share their abilities, and the ability to provide leadership opportunities for families and opportunities to build a self-helping community.
- Master's degree in health related field;
- Professional License in good standing, if applicable;
- Substantial experience working in non-profit management with supervisory and administrative experience;
- Effective communication skills, both oral and written, with families, visitors, coworkers, health care professionals, funders and others;
- Knowledge and skills with computer software, hardware, network and social media platforms;
- A demonstrated ability to be well organized;
- Knowledge and acceptance of the Mission of the Little Sisters of the Assumption;
- Availability to work some evenings and weekends;
- Valid driver's license and car.

Please contact Sheilah Dooley, Executive Director, sdooley@pernetfamilyhealth.org or 508-755-1228

AA/EOE

Appendix E



School of Professional Studies

Project Charter

Pernet Family Health Service, Inc.:
Organizational Restructuring & Change
Management Best Practices

Table of Contents

<u>TABLE OF CONTENTS</u>	40
<u>1 PROJECT OVERVIEW</u>	41-4
<u>1.1 INTRODUCTION</u>	41
<u>1.2 MAJOR STAKEHOLDERS</u>	4
<u>2 PROJECT GOAL AND SCOPE</u>	42
<u>2.1 PROJECT GOAL</u>	42
<u>2.2 PROJECT SCOPE</u>	4
<u>3 ASSUMPTIONS</u>	5
<u>4 CONSTRAINTS</u>	5
<u>5 RISKS</u>	5-6
<u>9 MEASURES OF SUCCESS</u>	6
<u>10 STAKEHOLDER SIGN-OFF</u>	6

Project Overview

Introduction *(The introduction provides a brief summary of what the project is designed to achieve, along with some background information on why the project is being done – the business drivers, the opportunity to be exploited, costs to be reduced etc.)*

Pernet Family Health Service, Inc. is preparing for a large internal reorganization during a period of transition. There are three main variables affecting the organization: the creation of a new program, the departure of the Director of Operations, and operating during the COVID-19 pandemic. Pernet was recently awarded a grant from the Worcester Together Fund to start the first Universal Newborn Home Visiting program in the city. The addition of this program will require determining how it fits into the present organizational structure, the structure of this large program, and who will be operating the program. This large internal addition is accompanied by the Director of Operations, Emilie Smiley leaving the organization. Questions exist around whether this position will be filled or if the organizational structure itself will be completely altered. Lastly, the COVID-19 pandemic is an external variable that is still greatly impacting the organization and the services it can provide. The hours of operation have changed for the Food Pantry and Emergency Infant Supply Program, home visits require a phone call prior to the visit and social distancing, and many of the youth programs have been temporarily suspended. Although the vaccination roll out has begun in the United States, the COVID-19 pandemic is still influencing operations within the organization and may alter how services are provided in the future. This time of change combined with the challenge of the pandemic has the potential to create a lot of fear and anxiety among staff within Pernet. The goal of this paper is to provide background on the change variables and recommendations on best practices of change management to ensure a smooth transition that maintains employee engagement.

Major Stakeholders *(List all the key stakeholders (decision makers and anyone who will be impacted by the project outcomes).*

- Carly Massino
- Pernet Family Health Service, Inc.

Project Goal and Scope

Project Goal *(Define the high level goals of the project).*

The goal of this project is to provide Pernet with a list of recommendations on change management to ease the potential anxiety and tension caused by large amounts of change. This paper will focus on change management, specifically addressing employee needs and concerns, examining the culture, and acknowledging the potential effects of an organizational structure change.

Project Scope *(The project scope details the work to be taken in order to achieve the project goal. It is just as important to explicitly state what is not included in scope as it is to state what the project will deliver).*

In Scope:

- Change management (definition, benefits) and recommendations
- Employee engagement/needs & impacts of change on employees
- Organizational culture
- Effective leadership

Out of Scope:

- A recommendation for the new organizational structure- The organization is hopeful that the organizational structure will be decided upon and implemented by the time this paper is completed.

Assumptions *(An assumption is anything the project team or client considered to be true, real or certain often without any proof or demonstration. List in bullet format).*

- Pernet is experiencing a large amount of change that will impact its delivery of operations and internal organization.
- There is uncertainty surrounding how the new Universal Newborn Home Visiting Program will be structured.

- The Director of Operations position will either be filled or the organizational structure will be altered.

4. Constraints *(Anything that restricts or dictates the actions of the project team. These can include the so-called 'Triple Constraint'- the 'triangle' of time, cost and scope - and every project as project drivers has one or two, if not all three project constraints).*

Time is the biggest constraint of this project. Since this course is only 14 weeks, research and writing will have to be done in a considerably shorter amount of time than is ideal for a research project. Another constraint is the likely implementation of a new organizational structure prior to the completion of this paper. This factor has altered the topic to focus more on change management than recommending an organizational structure. The structural change will be mentioned in the paper, but a recommendation will not be made.

5 Risks *(Risk is any unexpected event that might affect the people, processes, technology, and resources negatively or positively by the project)*

A risk is switching contacts in the middle of the project. Emilie Smiley is my contact at Pernet but will be departing at the end of April. Therefore, I will be corresponding with the executive director, Sheilah Dooley to acquire any additional information I need. Switching contacts may lead to difficulties in gathering information in a timely fashion since I have never interacted with Sheilah before. However, I am going to make sure to reach out well in advance of any deadlines to ensure that we both have time to communicate. I am also unsure of what Emilie's work schedule will look like as she nears her departure so that may lead to communication issues. However, she has assured me that she will be available for this project, and I have multiple means of contacting her. A final technological risk would be accidentally losing my entire paper due to my computer crashing, but this can easily be avoided by setting up autosave and ensuring it saves along the way. All of my documents are uploaded to Microsoft OneDrive and can be accessed from multiple devices.

Measures of Success *(Detailed measurements that will indicate that the project is a success)*

Stakeholder Sign-off*(For capstone thesis/case study students only capstone advisor signature is required)*

This project charter has been signed off by the client, capstone advisor and project team members.

Carly Massino

Student

3/20/2021

Name

Title

Date

Project Outcomes	Measure of Success
Completed Paper	The paper is approximately 35 pages in length and provides information on change management, organizational culture, organizational structure, and background on Pernet and their current restructuring. Since this paper is long, at least 15 references should be included.
Providing Pernet helpful information and advice during their transition	This is all contingent on having a completed paper that includes valuable information which I will give them after the project is completed. I am hoping to get feedback during the process to ensure that I am helping them during their restructuring.

Name

Title

Date